

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/11/08

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		1					53						
4		2					54						
5		3					55						
6		4					56						
7		5					57						
8		6					58						
9		7					59						
10		8					60						
11		9					61						
12		10					62						
13		11					63						
14		12					64						
15		13					65						
16		14					66						
17		15					67						
18		16					68						
19		17					69						
20		18					70						
21		19					71						
22		20					72						
23		21					73						
24		22					74						
25		23					75						
26		24					76						
27		25					77						
28		26					78						
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30		28					80						
31		29					81						
32		30					82						
33		31					83						
34		32					84						
35		33					85						
36		34					86						
37		35					87						
38		36					88						
39		37					89						
40		38					90						
41		39					91						
42		40					92						
43		41					93						
44		42					94						
45		43					95						
46		44					96						
47		45					97						
48		46					98						
49		47					99						
50		48					100						
TOTAL IND.	16		19				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	16		20				TOTAL CLAIMS						